



The Blue Sheet

Practical Application of Iowa's Blueprint for Permanency

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Concurrent Planning:

Expediting Permanency with Concurrent Goals

"Concurrent planning" means establishing more than one permanency goal for a child in foster care; working towards reunification of the child with the parents while at the same time establishing and working towards one or more alternative permanency options. Concurrent planning requires effective engagement, individualized assessment and decision making based on full disclosure and open, honest discussions with all parties at all steps in the process

In CFSR reviews, concurrent planning is linked to the following positive results: reduced time to permanency; establishing appropriate permanency goals; enhanced reunification or adoption efforts by engaging parents; and reduced time to adoption finalization.

Effective concurrent planning requires¹:

- "Individualized assessment and intensive, time-limited work with birth families targeting the problems that necessitated foster care placement.
- Full, documented disclosure with birth parents of problems, changes, possible consequences, and time frames.
- Early aggressive search for birth family resources to achieve permanency.
- Early identification and consideration of all permanency options.
- Frequent and constructive use of family interaction as part of reunification efforts.
- Early use of foster/adoptive or kinship placements.
- Involvement of foster/adoptive and kinship caregivers in teaching and skill-building with birth parents."



The Conundrum for Social Workers

Concurrent Planning has been a difficult concept to grasp and even harder to put into practice. Part of the puzzle is that generally, social workers as a profession are dedicated to safely keeping or returning children home with the family whenever possible. Trying to return a child safely to the family at the same time you are actively working to find another permanent home for the child appears to be in conflict, since both cannot happen. The separate goals appear to have different customers. In one, you work primarily with the parent on resolving issues that resulted in the child's removal. In the other you work with another family to prepare to take the child permanently. One strategy to address this conundrum is to communicate openly and honestly with the family, *defining with them* that safety and **permanency** for the child are their important responsibilities. Then the unifying focus is on what is best for the child. Effective engagement and active efforts to help parents with reunification builds trust; while involving them in planning alternative permanency puts responsibility where it should be ... with the family. Concurrent planning actually contributes to motivating and empowering families to utilize their resources to address both safety and permanency for their children.

¹ Concurrent Planning, Child Welfare Information Gateway, Professional Bulletins, April 2010

Components of Concurrent Permanency Planning

- ASSESSMENT AND INTENSIVE, TIME-LIMITED INTERVENTIONS ● FULL DISCLOSURE ●
- SHARED DECISION-MAKING ● EARLY RELATIVE OR KIN SEARCH ●
- RESPONSE TO PARENTAL AMBIVALENCE ● FAMILY INTERACTION ●
- ENCOURAGE PARENT AND CAREGIVER RELATIONSHIPS ● ACCOUNTABILITY ●

Assessment and Intensive, Time-Limited Interventions

Planning for permanency begins when the decision is made to place a child. It is at this point the family team develops conditions that must be in place for the child to return safely home with an estimate of the time it will take to achieve reunification. Consideration of the need for a concurrent plan begins with a comprehensive, individualized assessment and intensive, time-limited work with birth families targeting the problems that necessitated foster care placement. When the family team develops conditions for return and the intervention plan, unless the family team is absolutely sure the child will return home within six months, a concurrent plan should be established with the family. The concurrent plan is an alternative plan to reunification if the child is unable to return to the family safely.

Permanency time frames are built on time limits for reunification and a federal requirement for the department to file a petition to terminate parental rights at the point a child is in care 15 of 22 months. If the interventions or services provided are not timely or do not match or target the needs of the family, then we are not providing reasonable efforts to achieve the permanency goal of reunification.

Full Disclosure

Interactions with families must be based on respect, honesty, and openness. Just as when the Juvenile Court provide parents with a clear statement that adjudication as a child in need of assistance could result in termination of parental right, the social worker must be clear about concurrent plans and the

and review the permanency options. Share the harmful effects of temporary care on the child and the child's need for a stable, caring, and permanent family with the family team. Inform parents of their rights and responsibilities, including the court and department's expectations. Explain the effect of parental inaction,

To succeed, concurrent planning must be supported philosophically and with adequate resources both within the child welfare agency and among service providers and related professionals. Lack of acceptance on the part of any group can jeopardize the effectiveness of the approach; agency partners serving families should be part of the planning, training, and implementation process.

Concurrent Planning, Child Welfare Information Gateway, Professional Bulletins, April 2010

timeframes established in the case plan.

Being honest about the dual responsibility you have to assure safety of the child, with your important role of helping the family, contributes to an ongoing positive helping relationship. Share assessment results with the family, attorneys, CASA, and the Court. Be open and honest, explain the need for 'concurrent planning,' the importance of involving the family in planning,

disappearance, or lack of progress. Review the legal requirements for timely permanency and the urgency of reunification.

Shared Decision-Making through Family Team Decision-Making Meetings

The key to effective practice is to allow the family to be full partners in decision-making....decisions about how to keep the child safe, placement options, service options, evaluating the

effectiveness of interventions and selection of a concurrent permanency goal. Families are empowered through effective family team decision-making meetings where their views and opinions are valued by the team. When parents are engaged and determine the concurrent goal, often permanency hearings are not contested and there is the likelihood of voluntary relinquishment.

Family team decision-making meetings also serve to help build relationships between birth parents, foster parents, relatives, etc. and facilitate information sharing between parties. As soon as the family team identifies an alternative permanency goal, engage the potential permanent family in family team decision-making meetings.

Early Relative or Kin Search

Early in the case, identify and make immediate search for the non-custodial parent and all potential kin who are able to commit to reunification and/or permanency. Identify the family resources for the purpose of supporting the family during reunification transition and selecting potential permanent placement options; document diligent search activities in the case notes. Develop a plan for maintaining continuity in the child's significant relationships with parents, family members, kin, or others. Provide follow-up with interested or supportive relatives, including them in ongoing family team decision-making meetings. Reassess potential permanent placement options, as circumstances change over time.

Response to Parental Ambivalence

The "Motivational Interviewing" model reminds us that an

important part of our job is promoting readiness and resolving ambivalence for family change through engagement, acceptance, and skillful reflective listening. "Change is motivated by a perceived discrepancy between present behavior and important personal goals or values."² It is important for social workers to be vigilant in observing differences in what parent say they want and what they do. Approaching and exploring with parents the issue of ambivalence must be done gently and within the context of caring. Ask parents how their behavior contributes to their stated goals is a motivating reminder of what they want and what they need to do.

Family Interaction

Family Interaction has been selected as a strategy for Iowa practice improvement because it is a "POWER PRACTICE;" addressing several practice issues at once. Family Interaction allows regular interaction between the child and parents, scheduled with the child's needs and age in mind and structured so that parents are more likely to participate.

In past Blue Sheets, we talked about family interaction in terms of **engaging families, promoting stability and emotional well-being** for the child, reinforcing the need to maintain a close **parental relationship**, providing parents with modeling and a **one-on-one learning opportunity**, and allowing parents to **practice new skills**, and to demonstrate their parenting abilities prior to

reunification. Family Interaction expedites permanency for the child because in one concise practice, you not only have a great opportunity to help parents learn with on-the-job parenting, but you also are able to observe their capabilities and progress. A word of caution: if you are observing and reporting the parent/child interaction without the learning component, you are doing a great disservice to the parents and the child.

Involve foster parents or caregivers in family interaction to promote a supportive relationship between foster parents and birth parents.

Encourage Parents and Caregivers Relationships

Involvement of foster/adoptive and kinship caregivers in teaching and skill-building with birth parents is a strategy that not only has the potential to increase the likelihood of reunification but also can provide ongoing support to the parents after reunification. Encourage and support an alliance between the birth parents and alternative family based on mutual concern for the child. When accomplished, the foundation is laid for supportive reunification efforts as well as strengthening the possibilities of openness in adoption if reunification does not occur.



² Motivational Interviewing, Jeanie McCarville Kerber

A Guided Permanency Discussion Between a Supervisor and Social Worker

Laura met with her supervisor, Ayesha about progress to permanency for the Walker family. Laura described the family:

Stacy is a 15 month old Caucasian female. When Stacy was born, she tested positive for cocaine and marijuana, was medically fragile, and placed in a medical foster home where her half-sister lived. Her half-sister, Sara, was severely abuse by her own father at two months of age, with spiral fractures and a range of healing fractures. He was incarcerated for child endangerment. An unsettled question was the mother's culpability in the injuries because she was in the home when they occurred. The half-sister, age four, has subsequently been adopted.

Jennifer, the mother, is a 21 year old Caucasian female, described as low functioning with co-occurring mental illness and drug addiction. She has a diagnosis of Dependent Personality Disorder and has never successfully engaged in mental health or substance abuse treatment. She has a history of trauma and losses, observing her mother run over by a bus at two years of age, and being raised by a meth addicted grandmother. Jennifer was offered extensive services over a period of a year, made progress at times, but was unsuccessful in making the changes necessary for reunification.

Jeff, the father, is a 34 year old Caucasian male, and also had a pretty rough start in life. His mom died when he was 14 years old, his step-mother was punitive, and he ended up with an 8th grade education, homeless, with a meth addiction, living in the park. The concerns regarding the father were his inability to recognize the severity of drug abuse issues of his wife, which impacted his ability to protect the child, and his lack of knowledge and experience in parenting.

Ayesha asked Laura what she had done in this case that was effective and what skills and abilities had contributed to good outcomes.

Laura indicated that her attitude and values about families contributed to good outcomes. She believes that parents ultimately decide the outcome of a case through their choices and that they have a right to know the permanency timelines. She also believes that parents can handle the truth and they need to give and receive information in order to make informed choices. Laura identified that she developed a trust-based relationship with the parents, used family team decision-making meetings effectively for shared decision-making, and followed concurrent planning protocols. She shared the harmful effects of long-term foster care with the parents, reviewed the legal requirements for timely permanency, and described the urgency of reunification.

Laura told Ayesha that she was honest and direct with the parents about their role in making changes that would result in their daughter returning home safely and she engaged them in the decision about an alternative permanency plan. The parents wanted to explore placement with a maternal aunt if Stacy was unable to return home safely. Originally, the concurrent plan was to use interstate compact to request a home study since the aunt had recently moved to Omaha. She had a relationship with the child and also was interested in supporting the parents in any way she could; she traveled to Iowa for the family team decision-making meetings. She also initiated the process of a home study in Nebraska.

Family Interaction was set up in the foster home and used for daily contact between Stacy and her parents. Although both parents visited initially, the father was the only one who saw the child consistently over time. The foster parents used the opportunity to talk about and model child care techniques with Jeff. A supportive relationship developed between the foster family and the father. Jeff also attended physical therapy with Stacy and showed the foster parents the exercises Stacy was to do. Jeff was initially afraid to ask the therapist questions which resulted in him not always understanding what needed to be done. With the important responsibility to convey the therapy to the foster parents, Jeff overcame his inability to ask and made sure he clearly understood the exercises.

A turning point in the case was when Jennifer continued to use drugs while Jeff had totally committed to doing everything necessary for the child to return home. Laura told Ayesha how she invited the parents to a "courageous conversation" meeting, asking how the drug use and codependency helped them achieve what they said they wanted; to get their daughter back. Two weeks after the meeting, Jennifer and Jeff separated. Jennifer has not had contact with Stacy or Jeff for over a year due to a protective restraining order. Jeff completed parenting classes, had increasing family interaction in his home with a FSRP worker, and a transition plan for reunification was developed.

Stacy is progressing and catching up developmentally with 5 days a week physical therapy. She is now 15 months old, is bonded and attached with her father and has many adults in her life who adore her.

Even though Jeff had a rough start, he currently has some amazing strengths. He has been clean and sober from a meth addiction for 8 years. He is a gentle, kind soul, and a hard worker. He has integrated substance abuse treatment learning into his daily life. He is completely dedicated and devoted to his daughter. His assistant manager job, which he's had for 4 years, is very demanding but the priority in his life is his daughter and what she needs to be safe, stable and happy. When he first expressed his interest in caring for his daughter, he had some pretty big deficits, including a general lack of parenting knowledge and skills; but he has made significant progress and demonstrates good care and supervision of his daughter. The father utilizes formal and informal support systems to the benefit of his family. If he is unsure of whether his daughter needs medical care, he contacts the 'advise nurse' and follows her instructions. He asks for parenting advice and receives free respite from the sister of the child's former foster parent.

Ayesha asked Laura what remained to be done for safe case closure.

Laura told Ayesha that the conditions for return and for safe case closure were near to being met. The father had:

- *Demonstrated the capacity and ability to protect the child from harm, first through preventing contact with the mother.*
- *Been able to use and select a safe and quality caretaker for his child.*
- *Not smoked cigarettes in the home of the child because this could cause her to become ill.*
- *Learned the appropriate parenting skills to meet the special needs of his child.*
- *Taken steps in the home to maintain safe and sanitary conditions.*
- *Assured the dogs in the home are not a threat to the toddler.*
- *Not driven without a license.*
- *Assured that the child's medical needs were met. and*
- *Successfully transitioned into the role of a single parent.*

The aunt remains involved in Stacy's life. She periodically visits and provides ongoing support to the father. Since this is not a case of TPR, the hard discussion about safety after case closure needs to define the boundaries and limitations of any future contact the mother will have with the child with protective expectations for the father.

Ayesha asked Laura what she would do differently to be even more effective.

Laura indicated that even though it felt like the case was ready for closure, there were some loose ends that she wishes she would have tied up earlier in the case. The protective order of the court currently prevents contact between the mother and child; and has been successfully carried out by the father to protect the child. He indicates that a divorce is not possible because of the financial cost. What remains to be completed from the safe case closure criteria, is the finalization of the process of the father getting custody through District Court.

Ayesha reinforced the excellent practices she identified in this case and praised Laura for her good work.

She pointed out that Laura has very solid core practice skills, partnering with a great in-home service provider that has a good understanding of the family change process. Both these practitioners believed in a dad that, on the surface did not look like a good candidate to be a single parent. They engaged in a trust based relationship with this dad, and they comprehensively assessed his needs and systematically helped him resolve all the barriers, so that his daughter could come to live with him and be successful.

What we learn from this case is the importance of well executed core skills as a foundation to good case work and how core practices contribute to good outcomes.

- *Identifying those things, right up front that must change with the family - "this is how we will know when we are done."*
- *Building a trust based relationship*
- *Comprehensive and thorough assessment*
- *Developing an effective plan with the family and giving them ownership of the process*
- *Tracking, monitoring and adjusting the strategies or plan when necessary and*
- *Focusing on building and transitioning to the use of informal and community supports, to assure*

maintenance of the changes when the department is no longer involved.

Team work, communication and leadership were key to making progress for reunification. All the parties, excluding the mother, have been engaged in the common goal of protecting the child and making her transition to her father's care successful. The DHS case worker, the former foster parent, the service providers and the attorneys worked together for the benefit of this father and his daughter. They communicated regularly and kept the focus on progress and sustaining the positive changes made in this family

Ayesha and Laura discussed and agreed upon next steps:

- *Laura would reconnect with the mother to have an honest and frank conversation about recommended custody with the father and the necessary criteria for her to reconnect with her daughter.*
- *Finalize steps to permanency: complete the requirements of getting a district court custody order for the father.*
- *Convene a family team decision-making meeting to finalize steps to safe case closure; provide the father with an opportunity to identify the risk areas and complete final and long-term safety criteria; identify the necessary requirements for consideration of future contact between the mother and daughter.*



Permanency Practice for Teens

Some evaluation research has found that younger children are more likely to benefit from concurrent planning than an older child. On the other hand, an Iowa study (Landsman, Malone, Tyler, Black, & Groza, 1999) examined the use of concurrent planning to attain permanency for teens. The Permanency for Teens Project (PTP), implemented through a public-private agency partnership, targeted youth ages 11 to 18. An initial assessment conducted with each participating youth identified persons with whom the teen had a significant connection. The program then used Family Unity Meetings, a variation of Family Group Decision Making, to bring these people together regularly with the youth to identify and concurrently explore multiple options for permanency. Findings of the program evaluation were mixed, but some youth did attain permanency, and others moved to less restrictive placements.